



**BOCES Southern Westchester**  
**THE BOARD OF COOPERATIVE EDUCATIONAL SERVICES**

CENTER FOR SPECIAL SERVICES • 1606 Old Orchard Street, White Plains, New York 10604 • (914) 948-7271 • Fax: (914) 948-7598

**Related Services Authorization Form – BOCES and Non-BOCES Students • 2018 - 2019**

Authorized By: \_\_\_\_\_ School District: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email contact: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  Male **DOB:** \_\_\_\_\_  
 Female

Student's Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

School Contact Person \_\_\_\_\_ Telephone: \_\_\_\_\_

School Address \_\_\_\_\_ Email: \_\_\_\_\_

\*STAC ID: \_\_\_\_\_

**PLEASE ATTACH RELEVANT IEP INFORMATION**

**RELATED SERVICES REQUESTED (fill in all areas for each service requested)**

Type of Service (check all that apply):	Start Date	End Date	Ratio (1:1; 5:1)	Frequency (per week)	Duration (min per session)
<input type="checkbox"/> Adaptive Physical Education Individual					
<input type="checkbox"/> Adaptive Physical Education Consult					
<input type="checkbox"/> Occupational Therapy - Individual					
<input type="checkbox"/> Occupational Therapy - Group					
<input type="checkbox"/> Occupational Therapy - Consult					
<input type="checkbox"/> Physical Therapy - Individual					
<input type="checkbox"/> Physical Therapy - Group					
<input type="checkbox"/> Physical Therapy - Consult					
<input type="checkbox"/> Reading - Individual					
<input type="checkbox"/> Reading - Group					
<input type="checkbox"/> Reading - Consult					
<input type="checkbox"/> Speech/Language - Individual					
<input type="checkbox"/> Speech/Language - Group					
<input type="checkbox"/> Speech/Language - Consult					
<input type="checkbox"/> TOD- (Teacher of Deaf) - Individual					
<input type="checkbox"/> TOD- (Teacher of Deaf) - Group					
<input type="checkbox"/> TOD- (Teacher of Deaf) - Consult					
<input type="checkbox"/> TVI- (Teacher Vision Impaired) - Individual					
<input type="checkbox"/> TVI- (Teacher Vision Impaired) - Group					
<input type="checkbox"/> TVI- (Teacher Vision Impaired) - Consult					
<input type="checkbox"/> OTHER: _____					

**Please submit authorization to:** Southern Westchester BOCES  
Center for Special Services  
1606 Old Orchard St.  
White Plains, NY 10604

Phone: 914-948-7271 Ext. 1225, Jack Aiello  
Fax: 914-428-3306 or 914-948-7598  
Email: jaiello@swboces.org